



Bank of America Government Card Services P.O. Box 1637

Norfolk, VA 23501-1637 Facsimile: 757-624-6323

Toll Free Fax: 877-217-1033

Individually Billed Card Account Setup/Application Form Department of Defense Travel Card Program

Return Copy to:

Bank of America

Government Card Services

P.O. Box 1637 Norfolk, VA 23501-1637

Facsimile: (757) 624-6323 Or (888) 698-5631

PLEASE TYPE OR PRINTIALL INFORMATION TO BE COMPLETED BY EMPLOYEE Last Name MI Social Security No. Military Status Rank or Grade Organization Name Reserve X Guard NRC Port Hueneme Business ____ Employee's Mother's MaidenName (for security purposes): Mailing Address: Home e-mail address: Commercial Telephone Number Country and Area Codes: State/Province City or APO/FPO Number: x Zip Code/Postal Code Country After reading the enclosed Agreement between Department of Defense Employee and Bank of America, N.A. (USA) ("Agreement"): 1. Initial one choice; 2. sign below; and 3. forward the completed form to your APC.

By signing below, I acknowledge that I have read and understand, and agree to be bound by, the terms and conditions of the Agreement including Bank of America's right to obtain credit reports as described in the Agreement. I attest to the best of my knowledge, that the information I have provided herein is true and correct.

By signing below, I acknowledge that I have read and understand, and agree to be bound by, the terms and conditions of the Agreement; however, I do not authorize Bank of America to obtain credit reports and therefore I may not be eligible for a standard account. I attest to the best of my knowledge, that the information I have provided herein is true and correct.

Signature x Today's Date_x

NOTE: See attached Agreement between Department of Defense Employee and Bank of America, N.A. (USA) for the terms and conditions of your Account.

Form: S02D11198 Revised: 04/23/99



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Supervisor's Approval Signature	By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named above. PLEASE RETAIN COPY FOR YOUR RECORDS.																						
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Name of Agency Program Coordinator <u>Nathan T. Woodward</u> Title/Rank <u>SK1(SW/SCW, USNR(TAR)</u>	Name of Agend	y Program	Coor	dinator	Nath	an T.	Woo	odw	<u>ard</u>		Title	/Rar	ık	SK	<u>1(S</u> W	//SC	:w, L	JSNF	R(TAR)			.
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Form: S02D11198

Revised: 04/23/99

ADDITION RATIVE REMARKS NAVPERS 1070/613 S/N 0196-LF-010-6991

S/N 0106-LF-010-6991				-	
SHIP OR STATION	NAVAL RESERVE CENTER	PORT HUEN	EME CA 93043-43	361	
DATE			. *		
GOVI	ERNMENT TRAVEL CHARG	E CARD (GT	CC) USAGE ACKI	NOWLEDGE	MENT
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